

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
02-009

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
01-01-03

5. TYPE OF STATE PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2003 see attached page
b. FFY 2004 see attached page

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Addendum pages 3, 4, 9, 9a, and 10 to Attachment 3.1-A; and
Addendum pages 3, 4, 9, 9a, and 10 to Attachment 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If applicable)

Addendum pages 3, 4, 9, and 10 to Attachment 3.1-A; and
Addendum pages 3, 4, 9, and 10 to Attachment 3.1-B

10. SUBJECT OF AMENDMENT: The Connecticut Medicaid Program will no longer pay for services for clients, who are 21 years of age or older, from the following providers: podiatrists, chiropractors, naturopaths, psychologists, and independent therapists (i.e., physical therapists, licensed audiologists, and speech pathologists). Claims from these providers, for clients age 21 and over, will no longer be paid with dates of service January 1, 2003 and forward. [The Department of Social Services will continue to pay for services from these providers for clients, under age 21, as required by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program.]

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Comments, if any, to follow.

Connecticut (02-009)
Approved: 01/30/03
Effective: 01/01/03

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Michael P. Starkowski

14. TITLE: Deputy Commissioner

15. DATE SUBMITTED:
December 30, 2002

16. RETURN TO:

State of Connecticut
Department of Social Services - 11th floor
25 Sigourney Street
Hartford, CT 06106-5033
Attention: Donald Iodice

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 01/02/03

18. DATE APPROVED: 01/30/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01/01/03

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Richard McGreal

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL**

6. **Medical Care and any other type of Remedial Care**

a. **Podiatrist Services**

- (1) The Department will pay enrolled podiatrists only for services provided to individuals under twenty-one (21) years of age.
- (2) Payment will be made for orthotic and/or corrective arch supports for recipients under five (5) years of age.
- (3) Orthotic and/or corrective arch supports will be paid once every two (2) years.

b. **Optometrist Services**

- (1) Contact lenses will be covered when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses including, but not limited to, the diagnosis of: Unilateral Aphakia, Keratoconus, Corneal Transplant, and High Anisometropia.
- (2) Prescription sun glasses will be covered when light sensitivity which will hinder driving or seriously handicap the outdoor activity of a client is evident.
- (3) Trifocals will be covered only when the client has a special need due to job training program or extenuating circumstances.
- (4) Oversize lenses will be covered only when needed for physiological reasons, and not for cosmetic reasons.
- (5) Services and materials covered are limited to those listed in the Department's fee schedule.
- (6) Extended wear contact lenses are covered for aphakia and for clients whose coordination or physical condition makes daily usage of contact lenses impossible.
- (7) A spare pair of eyeglasses will not be covered.

TN# **02-009**

Approval Date JAN 30 2000

Effective Date 2000 1 1

Supersedes
TN# **92-2**

CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO CATERGORICALLY NEEDY GROUPS: ALL**

c. Chiropractor Services

- (1) The Department will pay enrolled chiropractors only for services provided to individuals under twenty-one (21) years of age.
- (2) X-rays provided by a chiropractor are not covered.

d. Psychologist Services

- (1) The Department will pay enrolled psychologists only for services provided to individuals under twenty-one (21) years of age.
- (2) No more than one (1) diagnostic interview or psychodiagnostic evaluation procedure of the same type in any twelve (12) month period per psychologist for the same recipient.
- (3) No more than one (1) therapy visit of the same type per day.
- (4) No more than eight (8) persons per group therapy session.
- (5) No more than two (2) staff consultations for any recipient per psychologist per State fiscal year.

e. Naturopath Services

- (1) The Department will pay enrolled naturopaths only for services to individuals under twenty-one (21) years of age.
- (2) The administration of dehydrated foods is not covered.

TN# 02-009

Approval Date JAN 30 2006

Effective Date JAN 1 2006

Supersedes
TN# 92-10

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL**

Dental Services not Covered (Continued)

- (10) (See Supplement Page 1 to Attachment 3.1-B, Addendum Page 9)
- (11) Orthodontia
- (12) Any procedure or service of an unproven, experimental or research nature.
- (13) Payment will be denied for dentists' services to general hospital inpatient recipients if the Department determines that the medical care, treatment or service does not or did not meet the established medically necessary and/or utilization review standard in accordance with generally accepted criteria and standards of medical practice, or if they do not or did not comply with the other policies, procedures, conditions and limitations established by the Department. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standard.

11. Physical Therapy and Related Services

The Department will not pay for any services or procedure of an unproven, educational, social, research, experimental, or cosmetic nature.

The Department will not pay for audiological, physical therapy, or speech pathology services provided by an independent therapist when the patient is concurrently receiving the same therapy services to treat the same diagnosis from a hospital, chronic disease hospital, clinic, rehabilitation clinic, home health agency, or any other health care provider and the Department is paying for These services.

The Department will not pay for services provided to patients who are patients or residents of a hospital, long-term care facility, or any other facility that is required to include audiology, physical therapy, or speech pathology services in its rates.

TN# 02-009**SUPERSEDES
TN# 89-65****Approval Date** JAN 30 2005**Effective Date** JUN 1 2002

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL**

Physical Therapy and Related Services (continued)

a. **Physical Therapy**

- (1) The Department will pay enrolled physical therapists for services only when those services are provided to an individual under twenty-one (21) years of age.
- (2) The Department will pay for physical therapy services as listed in the fee schedule.
- (3) Services covered are limited to those listed in the Department's fee schedule.

b. **Occupational Therapy**

Not provided.

c. **Speech, Hearing, and Language Disorder Services**

- (1) The Department will pay enrolled speech pathologists and audiologists for services only when those services are provided to an individual under twenty-one (21) years of age.
- (2) The Department will pay for no more than one and one-half (1 1/2) hours of treatment (speech therapy or audiology services) per day per patient.
- (3) Services covered are limited to those listed in the Department's fee schedule.

TN# 02-009

**SUPERSEDES
TN# 89-65**

Approval Date JAN 30 2003

Effective Date JUL 1 2003

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
CATEGORICALLY NEEDY GROUP(S): ALL**

12. Prescribed Drugs, Dentures, Orthotic and Prosthetic Devices, Eyeglasses

a. Drugs

- (1) Payment will be made for refills of a prescription as authorized by the licensed authorized practitioner for an acute, or chronic illness or condition as follows:
 - (a) Payment will be made for the original prescription and as many refills as ordered by the licensed authorized practitioner covering a maximum period of six (6) months. This does not apply to those items which fall within the "Controlled Substance Act" that being five (5) refills or six (6) months whichever comes first as governed by 21 U.S.C. Section 829(b) and Section 21a-249(h) of the Connecticut General Statutes and as they may be amended from time to time.
 - (b) Payment shall be made for a refill of a prescription for oral contraceptives which may cover a maximum period of twelve (12) months, including the original filling.
- (2) The Department will not reimburse for an original prescription(s) or refill that exceeds the drug requirements for a period of thirty (30) days or that exceed two hundred forty (240) units except in the following instances:
 - (a) Prescriptions for chronic conditions or maintenance drugs shall be for at least a thirty (30) day supply not to exceed two hundred and forty (240) units unless a lesser amount is prescribed.
 - (b) For prescriptions for oral contraceptives, a supply sufficient for a maximum period of three (3) months may be dispensed at any one time.
- (3) The Department will not pay for the following:
 - (a) any nonlegend drugs for nursing home patients when these items are used in usual and customary amount for the routine care and treatment; the cost of such items is included in the nursing home's daily rate as set by the Department.
 - (b) any nutritional supplements for nursing home patients; the cost of such items is included in the nursing home's daily rate as set by the Department.

TN# 02-009

**SUPERSEDES
TN# 91-8**

Approval Date JAN 30 2008

Effective Date JAN 1 2008

CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL**

6. Medical Care and any other type of Remedial Care

a. Podiatrist Services

- (1) The Department will pay enrolled podiatrists only for services provided to individuals under twenty-one (21) years of age.
- (2) Payment will not be made for orthotic and/or corrective arch supports for recipients under five (5) years of age.
- (3) Orthotic and/or corrective arch supports will be paid once every two (2) years.

b. Optometrist Services

- (1) Contact lenses will be covered, when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses including, but not limited to, the diagnosis of Unilateral Aphakia, Keratoconus, Corneal Transplant, and High Anisometropia.
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- (4) Oversize lenses will be covered only when needed for physiological reasons, and not for cosmetic reasons.
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- (6) Extended wear contact lenses shall be covered for aphakia and for clients whose coordination or physical condition makes daily usage of contact lenses impossible.
- (7) A spare pair of eyeglasses will not be covered.

TN# 02-009

Approval Date JAN 30 2006

Effective Date JUN 1 2006

Supersedes

TN# 92-2

CONNECTICUT

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
TO MEDICALLY NEEDY GROUPS: ALL**

c. Chiropractor Services

- (1) The Department will pay enrolled chiropractors only for services provided to individuals under twenty-one (21) years of age.
- (2) X-rays provided by a chiropractor are not covered.

d. Psychologist Services

- (1) The Department will pay enrolled psychologists only for services provided to individuals under twenty-one (21) years of age.
- (2) No more than one (1) diagnostic interview or psychodiagnostic evaluation procedure of the same type in any twelve (12) month period per psychologist for the same recipient.
- (3) No more than one (1) therapy visit of the same type per day.
- (4) No more than eight (8) persons per group therapy session.
- (5) No more than two (2) staff consultations for any recipient per psychologist per State fiscal year.

e. Naturopath Services

- (1) The Department will pay enrolled naturopaths only for services to individuals under twenty-one (21) years of age.
- (2) The administration of dehydrated foods is not covered.

TN# 02-009

Approval Date

JAN 30 2006

Effective Date

JUN 1 2006

Supersedes
TN# 92-10

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL**

Dental Services not Covered (Continued)

- (10) (See Supplement Page 1 to Attachment 3.1-B, Addendum Page 9)
- (11) Orthodontia
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- (13) Payment will be denied for dentists' services to general hospital inpatient recipients if the Department determines that the medical care, treatment or service does not or did not meet the established medically necessary and/or utilization review standard in accordance with generally accepted criteria and standards of medical practice, or if they do not or did not comply with the other policies, procedures, conditions and limitations established by the Department. This determination may be made at the time of prior authorization, preadmission review, or retrospective review. The fact that a denial was not made at an earlier stage shall not preclude such a determination at a later stage. The Department is entitled to disallow the entirety or any portion of the stay and services provided they do not meet the medically necessary or utilization review standard.

11. Physical Therapy and Related Services

The Department will not pay for any services or procedures of an unproven, educational, social, research, experimental, or cosmetic nature.

The Department will not pay for audiological, physical therapy, or speech pathology services provided by an independent therapist when the patient is concurrently receiving the same therapy services to treat the same diagnosis from a hospital, chronic disease hospital, clinic, rehabilitation clinic, home health agency, or any other health care provider and the Department is paying for those services.

The Department will not pay for services provided to patients who are patients or residents of a hospital, long-term care facility, or any other facility that is required to include audiology, physical therapy, or speech pathology services in its rates.

TN# 02-009

**SUPERSEDES
TN# 89-65**

Approval Date April 30 2008

Effective Date 1-1-08

CONNECTICUT

**Addendum Page 9a
To Attachment 3.1-B**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY NEEDY GROUP(S): ALL**

Physical Therapy and Related Services (Continued)

a. Physical Therapy

- (1) The Department will pay enrolled physical therapists for services only when those services are provided to an individual under twenty-one (21) years of age.
- (2) The Department will pay for physical therapy services as listed in the fee schedule.
- (3) Services covered are limited to those listed in the Department's fee schedule.

b. Occupational Therapy

Not provided.

c. Speech, Hearing, and Language Disorder Services

- (1) The Department will pay enrolled speech pathologists and audiologists for services only when those services are provided to an individual under twenty-one (21) years of age.
- (2) The Department will pay for no more than one and one-half (1 1/2) hours of treatment (speech therapy or audiology services) per day per patient.
- (3) Services covered are limited to those listed in the Department's fee schedule.

TN# 02-009

SUPERSEDES

TN# 91-8

Approval Date 01/01/2015

Effective Date 01/01/2015

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL**

12. Prescribed Drugs, Dentures, Orthotic and Prosthetic Devices, Eyeglasses**a. Drugs**

- (1) Payment will be made for refills of a prescription as authorized by the licensed authorized practitioner for an acute, or chronic illness or condition as follows:
 - (a) Payment will be made for the original prescription and as many refills as ordered by the licensed authorized practitioner covering a maximum period of six (6) months. This does not apply to those items which fall within the "Controlled Substance Act" that being five (5) refills or six (6) months whichever comes first as governed by 21 U.S.C. Section 829(b) and Section 21a-249(h) of the Connecticut General Statutes and as they may be amended from time to time.
 - (b) Payment shall be made for a refill of a prescription for oral contraceptives which may cover a maximum period of twelve (12) months, including the original filling.
- (2) The Department will not reimburse for an original prescription(s) or refill that exceeds the drug requirements for a period of thirty (30) days or that exceed two hundred forty (240) units except in the following instances:
 - (a) Prescriptions for chronic conditions or maintenance drugs shall be for at least a thirty (30) day supply not to exceed two hundred and forty (240) units unless a lesser amount is prescribed.
 - (b) For prescriptions for oral contraceptives, a supply sufficient for a maximum period of three (3) months may be dispensed at any one time.
- (3) The Department will not pay for the following:
 - (a) any nonlegend drugs for nursing home patients when these items are used in usual and customary amount for the routine care and treatment; the cost of such items is included in the nursing home's daily rate as set by the Department.
 - (b) any nutritional supplements for nursing home patients; the cost of such items is included in the nursing home's daily rate as set by the Department.

TN# 02-009**SUPERSEDES****TN# 84-56****Approval Date** April 30 2015**Effective Date**